

Registration of Aboveground Bulk Storage Facility

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New Hampshire Dept. of Environmental Services
6 Hazen Drive
P. O. Box 95
Concord, New Hampshire 03302-0095

(603) 271-3644

Type of Notification			State Use Only		
A. New Facility	B. Amended	C. Existing	AST FACILITY NUMBER _____		
D. Permanent Closure	E. Remove from Service	F. Reactivate	DATE RECEIVED _____		
			A. Date entered to Computer _____		
			B. Data Entry Clerk Initials _____		
			C. Owner was contacted to Clarify _____		
Please provide a site and facility layout (may be accurate hand sketch)			Responses, Comments _____		
INSTRUCTIONS					
<i>In completing this form please type or print in ink all entries. One exception is the signature block in Section VII. This form must be completed for each location containing aboveground storage tanks (ASTs). If more than four ASTs are located at a facility location, you may photocopy this form. If you own more than one AST facility, a separate form must be completed for each facility.</i>					
I. OWNERSHIP OF TANK(S)			II. LOCATION OF TANK(S)		
Owner Name _____			Facility Name _____		
Street Address _____			Street Address (DO NOT USE POST OFFICE BOX) _____		
City _____	State _____	Zip Code _____	City _____ State _____ Zip Code _____		
Phone Number (include area code) _____			County _____		
III. INTENDED USE			IV. MAPPING INFORMATION		
<input type="checkbox"/> On-premise use <input type="checkbox"/> Distribution			If known, please provide: The Geographic Location of the tanks by degree, minutes and seconds: (Example: Lat. 42. 36. 12 N Long. 95. 24. 17 W) Latitude: _____ Longitude: _____ Tax Map #: _____ Lot #: _____		
V. TYPE OF FACILITY					
<input type="checkbox"/> Gas Station <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Air Taxi <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad		<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal- Non-Military <input type="checkbox"/> Federal- Military <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		<input type="checkbox"/> Contractor <input type="checkbox"/> Trucking/ Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Other (Explain) _____	
VI. CONTACT PERSON IN CHARGE OF TANKS					
Name _____	Job Title _____	Address _____	Phone Number (Include Area Code) _____		
VII. CERTIFICATION					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.					
Name and title of owner or owner's authorized representative (print)		Signature		Date Signed	

VIII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (mark only one)				
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation / Age of Tanks				
3. Estimate Total Capacity (gallons)				
4. Tank Material (mark all that apply)				
Shop-fabricated Asphalt Coated or Bare Steel (UL 142)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop-fabricated Asphalt Coated or Bare Steel (UL 80)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field-fabricated Asphalt Coated or Bare Steel (API 650)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Resistant Tank (UL 2085)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Secondary Containment (e.g. "tank-in-a-box" / "dike tank")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Filled Electrical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Tank Repaired? Date:				
5. Piping Material (mark all that apply)				
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify				
Was Piping Repaired? Date:				
6. Piping Type (mark all that apply)				
Above Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance Currently or Last Stored				
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify				

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.
8. Proximity of AST(s) to the Surface of the Ground				
a. Does any portion of the AST(s) (excluding the cradle) rest on the surface of the ground?	yes / no	yes / no	yes / no	yes / no
b. What percentage of the AST's capacity is located above the ground? (If the tank is located in a concrete vault, it is considered to be aboveground.)	____%	____%	____%	____%

IX. TANKS PERMANENTLY OUT OF USE / DISMANTLED

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.
1. Tank Permanently out-of -use				
A. Estimate date last used (month / day / year)				
B. Estimate date tank emptied of product (month / day / year)				
C. Current Status of Tank (existing in-place, dismantled, etc.)				
2. Has Site Assessment Been Completed?				
Date of assessment (month / day / year)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Evidence of a leak detected?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

X. CERTIFICATION OF COMPLIANCE

1. Is a current Spill Prevention Control and Countermeasure (SPCC) (40 CFR 112) Plan in effect at the facility?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of SPCC Plan: _____ (month / day / year)		
2. Is the aboveground bulk storage facility in compliance with the New Hampshire State Fire Code:		
- NFPA 30, "Flammable and Combustible Liquids Code ** ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- NFPA 30A, "Automobile and Marine Service Station Code**? (applies to retail service stations and marinas only)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

XI. OTHER REGISTRATIONS

Is there a Underground Storage Tank (UST) Facility at this location ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If possible, please provide UST Facility Identification Number:	_____	

* Aboveground Bulk Storage Tank (AST) Facility - Means a location, regulated under Env-Wm 1402, consisting of a system of tanks, pumps and appurtenant structures, singly or in any combination, which is or has been used for the storage and distribution of fuel oil (heating oils #2-6), motor fuels (gasoline, diesel), aviation gas, jet fuel and used oil, and having a capacity totalling 1,320 gallons or more; or a single tank capacity of 660 gallons or more.

ASTs with a combined storage capacity of 10,000 gallons or less, containing heating oil used only for on-premise heating of structures are not required to be registered.

** Adopted by reference in State Fire Code (N.H. Admin. Rules Saf - C6000)

XII. COMMENTS: (additional information continued from previous pages)

XIII. SITE AND FACILITY LAYOUT (May be accurate hand sketch)
